



May 3, 2021

Web Announcement 2488

Attention Provider Types 22 (Dentist), 10 (Outpatient Surgery, Hospital Based) and PT 46 (Ambulatory Surgery Centers):

Claims for Some Dental Procedure Codes Reprocessed

Claims submitted by provider type (PT) 22 (Dentist) for the following dental codes have been reprocessed to adjudicate correctly. Results of the reprocessed claims appear on remittance advices dated May 7, 2021.

- **Procedure codes D0120, D0140, D0350, D1353, D7111, D8660, D9230 and D9248** with dates of service on or after April 1, 2020, through May 4, 2020.
- **Procedure code D0210** with dates of service on or after April 1, 2020, through May 4, 2020, that denied with error codes 5500 (One unit allowed per rolling year) or 5501 (One unit allowed per rolling year – PA override).
- **Procedure code D1110** with dates of service on or after April 1, 2020, through May 4, 2020, that denied and the recipient age is 14-20.
- **Procedure code D1120** with dates of service on or after April 1, 2020, through May 4, 2020, that paid and the recipient age is over 13.
- **Procedure code D1351** with dates of service on or after April 1, 2020, through May 4, 2020, that denied with error code 6113 (Sealant on same tooth allowed once per lifetime).
- **Procedure code D1354** with dates of service on or after April 1, 2020, through May 11, 2020, that denied and recipient had PREG or PEPW benefit plans.

In addition to the above claims submitted by PT 22, the following claims have been reprocessed:

- Claims for procedure code 41899 (unlisted dental procedure) submitted by PT 10 (Outpatient Surgery, Hospital Based) with dates of service on or after April 1, 2020, through June 22, 2020, that paid and the client age was 000-005.
- Claims for procedure code 41899 submitted by PT 46 (Ambulatory Surgery Centers) with dates of service on or after April 1, 2020, through May 4, 2020, that paid and the client age was 000-005.

Please note: When claims are reprocessed, please be aware that all system and clinical claim editor edits are applicable. As a result, there may be no additional payment, and other claim denials may be received. Providers have the right to appeal denied claims, including those denied upon reprocessing. Please refer to [Medicaid Services Manual Chapter 100](#) and the [Billing Manual](#) for information concerning the claim appeal process and time frames.